



## Disruption of existing mental health treatments and failure to initiate new treatment after Hurricane Katrina

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### Abstract:

**OBJECTIVE:** The authors examined the disruption of ongoing treatments among individuals with preexisting mental disorders and the failure to initiate treatment among individuals with new-onset mental disorders in the aftermath of Hurricane Katrina. **METHODS:** English-speaking adult Katrina survivors (NEuro Surveillance (Bulletin Europeen Sur Les Maladies Transmissibles; European Communicable Disease Bulletin)1,043) responded to a telephone survey administered between January and March of 2006. The survey assessed posthurricane treatment of emotional problems and barriers to treatment among respondents with preexisting mental disorders as well as those with new-onset disorders posthurricane. **RESULTS:** Among respondents with preexisting mental disorders who reported using mental health services in the year before the hurricane, 22.9% experienced reduction in or termination of treatment after Katrina. Among those respondents without preexisting mental disorders who developed new-onset disorders after the hurricane, 18.5% received some form of treatment for emotional problems. Reasons for failing to continue treatment among preexisting cases primarily involved structural barriers to treatment, while reasons for failing to seek treatment among new-onset cases primarily involved low perceived need for treatment. The majority (64.5%) of respondents receiving treatment post-Katrina were treated by general medical providers and received medication but no psychotherapy. Treatment of new-onset cases was positively related to age and income, while continued treatment of preexisting cases was positively related to race/ethnicity (non-Hispanic whites) and having health insurance. **CONCLUSIONS:** Many Hurricane Katrina survivors with mental disorders experienced unmet treatment needs, including frequent disruptions of existing care and widespread failure to initiate treatment for new-onset disorders. Future disaster management plans should anticipate both types of treatment needs.

**Source:** <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2248271>

### Resource Description

#### Communication:

resource focus on research or methods on how to communicate or frame issues on climate change; surveys of attitudes, knowledge, beliefs about climate change

A focus of content

#### Communication Audience:

audience to whom the resource is directed

# Climate Change and Human Health Literature Portal

Health Professional, Policymaker

## **Exposure :**

weather or climate related pathway by which climate change affects health

Extreme Weather Event

**Extreme Weather Event:** Hurricanes/Cyclones

## **Geographic Feature:**

resource focuses on specific type of geography

Ocean/Coastal, Urban

## **Geographic Location:**

resource focuses on specific location

United States

## **Health Impact:**

specification of health effect or disease related to climate change exposure

Mental Health/Stress

**Mental Health Effect/Stress:** Childhood Behavioral Disorder

## **Medical Community Engagement:**

resource focus on how the medical community discusses or acts to address health impacts of climate change

A focus of content

## **Mitigation/Adaptation:**

mitigation or adaptation strategy is a focus of resource

Adaptation

## **Population of Concern:** A focus of content

## **Population of Concern:**

populations at particular risk or vulnerability to climate change impacts

Low Socioeconomic Status

**Other Vulnerable Population:** People without health insurance

## **Resource Type:**

format or standard characteristic of resource

Research Article

## **Timescale:**

## Climate Change and Human Health Literature Portal

time period studied

Time Scale Unspecified

### **Vulnerability/Impact Assessment:**

resource focus on process of identifying, quantifying, and prioritizing vulnerabilities in a system

A focus of content